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AUTHOR Rudolph, Terry L.; Endelman, Ann M.
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ABSTRACT

The Functional Ability Rating Scale (FARS) is an instrument developed by local direct service workers in the field of human services to provide an objective measure of an individual's degree of limitation in seven areas of major life activity (MLA). The subject's level of functioning is assessed in Self-Care, Language and Communication, Learning Mobility, Self Direction, Capacity for Independent Living and Economic Self Sufficiency. FARS is intended to assess mentally retarded/developmentally disabled, mentally ill, and physically disabled individuals eighteen years of age or older. The scale consists of twenty-eight descriptions of component skills spread over seven areas of MLA. The rater is asked to score an individual according to his or her ability to perform the component skill, on a scale of one to five. Information can be gathered by several methods, in order of preference: (1) client interview/observation; (2) interview of client's significant others; and/or (3) review of client's case records. Reliability, validity, interrater Mobility, Self Direction, reliability, and test/retest reliability studies have been conducted using the Vineland Social Maturity Scale and the AAMD Adaptive Behavior Scale. The results are presented in table format. The scale and instructions for completing it are appended. (LMO)

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FUNCTIONAL ABILITY RATING SCALE

(FARS)

A COMMUNITY DEVELOPED, BEHAVIORALLY BASED INSTRUMENT DESIGNED TO ASSESS A SUBJECT'S CAPABILITIES IN SEVEN AREAS OF MAJOR LIFE ACTIVITY.

TECHNICAL MANUAL

BY

TERRY L. RUDOLPH, PH.D.
ANN M. ENDELMAN, B.S.

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DEVELOPMENT OF THE

FUNCTIONAL ABILITY RATING SCALE

I. Introduction/Rationale

The Functional Ability Rating Scale (FARS) is an instrument developed by local direct service workers in the field of human services to provide an objective measure of an individual's Degree of Limitation in seven areas of Major Life Activity (MLA). The subject's level of functioning is assessed in Self Care, Language and Communication, Learning, Mobility, Self Direction, Capacity for Independent Living and Economic Self Sufficiency.

In June, 1983, six members of a committee began work on an instrument which would serve two purposes: to determine eligibility for services in a coordinated, single entry/exit casemanagement system (the Model Life Services System) and to aid direct service workers in program planning. Committee members represented agencies which provide counseling, social and recreational activities, health, employment, education, residential and support services to Mentally Retarded/Developmentally Disabled, Mentally Ill and Physically Disabled individuals in St. Clair County, Michigan.

II. Description of the Scale

The FARS was developed to assess Mentally Retarded/Developmentally Disabled, Mentally Ill and Physically Disabled individuals eighteen years of age and older. The scale is designed to be administered by professionals and paraprofessionals in the human service fields.

The scale consists of twenty-eight descriptions of component skills spread over seven areas of Major Life Activity. The rater is asked to score an individual according to his or her ability to perform the component skill. Individuals rated on FARS are scored on a scale from one to five. The scale is as follows:

1. The individual is able to perform the component skill independently,
2. The individual is minimally able to perform the component skill,
3. The individual requires human assistance and/or supervision on an occasional basis to perform the component skill,
4. The individual requires regular assistance and/or supervision to perform the component skill,
5. The individual is unable to perform the component skill, or
6. The rater is unable to determine if the individual can perform the component skill.

A score of three or higher in any component skill indicates a substantial limitation in that area. Criteria for determination of substantial limitation of Major Life Activity varies according to the area measured. Criteria, according to the area of Major Life Activity are:

Self Care - a score of 3 or higher in two or more component skill areas

Language and Communication - a score of 3 or higher in one or more component skill areas

Learning - a score of 3 or higher in one or more component skill areas

Mobility - a score of 3 or higher in one or more component skill areas

Self Direction - a score of 3 or higher in one or more component skill areas

Capacity for Independent Living - a score of 3 or higher in two or more component skill areas

Economic Self Sufficiency - a score of 3 or higher in one or more component skill areas

Information for assessing the individual can be gathered by several methods. They are, in order of preference: client interview/observation; interview of client's significant others; and/or review of client's case records.

An instruction manual which provides further definitions of each component skill area as well as examples of possible behaviors at each rating level accompanies the scale. The rater should use the definitions and examples as a guide to scoring. The examples were not designed to provide exhaustive definitions/examples of all behaviors which might be exhibited by an individual being rated on the FARS, but rather to provide a common basis for all raters' judgements regarding the level of limitation.

III. Reliability and Validity Studies

A. Construct Validity

The FARS was initially cross-walked with the Vineland Social Maturity Scale and the AAMD Adaptive Behavior Scale to determine which behaviors assessed on those scales corresponded to the component skill areas of the FARS. Corresponding areas were derived by a content analysis of the three scales by project staff and approved by committee members. Those areas determined to correspond between the three scales are detailed in Table I. Table II details the results of the item analysis of the FARS to the Vineland.

Five staff persons who provide direct services to Mentally Retarded/ Developmentally Disabled and Mentally Ill adult clients were then selected to assist in gathering ratings on subjects for the validity studies. The raters were employed by two Community Mental Health programs in St. Clair County. All five raters were professionals in the human services field; three had Master of Arts Degrees in Psychology, one a Bachelor of Arts Degree in Education and one a Bachelor of Social Work Degree.

Each of the five raters rated five subjects using the three scales, i.e., the FARS, the Vineland and the AAMD. To decrease the possibility of contamination, raters were instructed to rate their subjects on the FARS, to wait one week before rating the same subjects on the AAMD and to then wait an additional week before rating the subject on the Vineland.

TABLE I

FARS	AAMD	VINELAND
I. Self Care	I. Independent Functioning, Items A through F.	(SHE) Self Help, Eating (SHD) Self Help, Dressing Combined SHE and SHD
II. Language/ Communication	IV. Language Development, Items A through C	(C) Communication
III. Learning	V. Numbers and Time	No corresponding areas to FARS
IV. Mobility	II. Physical Development, Item B	(SHG) Self Help, General
V. Self Direction	VIII. Self Direction IX. Responsibility X. Socialization	(S) Socialization
VI. Capacity for Independent Living	I. Independent Functioning, Items G and H III. Economic Activity VI. Domestic Activity	(SD) Self Direction
VII. Economic Self Sufficiency	VII. Vocational Activity	No corresponding areas to FARS

TABLE II

Key to the FARS areas of Major Life Activity:

I. - Self Care
II. - Language
III. - Learning
IV. - Mobility
V. - Self Direction
VI. - Capacity for Independent Living
VII. - Economic Self Sufficiency

Vineland	FARS Area of MLA	Vineland Item	FARS Component Skill Area
C	II	1. "Crows"; laughs	Expressive
SHG	IV	2. Balances head	Gross Motor Control
SHG	IV	3. Grasps objects within reach	Fine Motor Control
S	V	4. Reaches for familiar persons	Interpersonal/Family Relations
SHG	IV	5. Rolls over	Gross Motor Control
SHG	IV	6. Reaches for nearby objects	Gross Motor Control
O	V	7. Occupies self unattended	Initiative
SHG	IV	8. Sits unsupported	Gross Motor Control
SHG	IV	9. Pulls self upright	Gross Motor Control
C	II	10. "Talks"; imitates sounds	Expressive
SHE	I	11. Drinks from cup or glass assisted	Eating/Drinking
L	IV	12. Moves about on floor	Movement
SHG	IV	13. Grasps with thumb and finger	Fine Motor Control
S	V	14. Demands personal attention	Interpersonal/Family Relations
SHG	IV	15. Stands alone	Gross Motor Control
SHE	I	16. Does not drool	Grooming
C	II	17. Follows simple instructions	Listening/Comprehension
L	IV	18. Walks about room unattended	Movement
O	II	19. Marks with pencil or crayon	Expressive

TABLE II - Continued

Vineland	FARS Area of MLA	Vineland Item	FARS Component Skill Area
SHE	I	20. Masticates food	Eating/Drinking
SHD	I	21. Pulls off socks	Grooming
O	III	22. Transfers objects	Pre-Academic Skills
SHG	IV	23. Overcomes simple obstacles	Movement
O	III	24. Fetches or carries familiar objects	Pre-Academic Skills
SHE	I	25. Drinks from cup or glass unassisted	Eating/Drinking
SHG	V	26. Gives up baby carriage	Initiative
S	V	27. Plays with other children	Interpersonal/Family Relations
SHE	I	28. Eats with spoon	Eating/Drinking
L	IV	29. Goes about house or yard	Movement
SHE	I	30. Discriminates edible substances	Immediate Personal Safety
C	II	31. Uses names of familiar objects	Expressive
L	IV	32. Walks upstairs unassisted	Movement
SHE	IV	33. Unwraps candy	Fine Motor
C	II	34. Talks in short sentences	Expressive
SHG	I	35. Asks to go to toilet	Hygiene
O	V	36. Initiates own play activities	Initiative
SHD	I	37. Removes coat or dress	Grooming
SHE	I	38. Eats with fork	Eating/Drinking
SHE	V	39. Gets drink unassisted	Initiative
SHD	I	40. Dries own hands	Hygiene
SHG	I	41. Avoids simple hazards	Immediate Personal Safety
SHD	I	42. Puts on coat or dress unassisted	Grooming
O	IV	43. Cuts with scissors	Fine Motor
C	II	44. Relates experiences	Expressive
L	IV	45. Walks downstairs one step per tread	Movement

TABLE II - Continued

Vineland	FARS Area of MLA	Vineland Item	FARS Component Skill Area
S	V	46. Plays cooperatively at kindergarten level	Interpersonal/Family Relations
SHD	I	47. Buttons coat or dress	Grooming
O	VI	48. Helps at little household tasks	Household Management
S	II	49. "Performs" for others	Expressive
SHD	I	50. Washes hands unaided	Hygiene
SHG	I	51. Cares for self at toilet	Hygiene
SHD	I	52. Washes face unassisted	Hygiene
L	V	53. Goes about neighborhood unattended	Initiative
SHD	I	54. Dresses self except tying	Grooming
O	II	55. Uses pencil or crayon for drawing	Pre-Academic Skills
S	V	56. Plays competitive exercise games	Interpersonal/Family Relations
O	IV	57. Uses skates, sled, wagon	Movement
C	II	58. Prints simple words	Expressive
S	V	59. Plays simple table games	Interpersonal/Family Relations
SD	VI	60. Is trusted with money	Money Management
L	V	61. Goes to school unattended	Initiative
SHE	I	62. Uses table knife for spreading	Eating/Drinking
C	II	63. Uses pencil for writing	Expressive
SHD	I	64. Bathes self assisted	Hygiene
SHD	I	65. Goes to bed unassisted	Personal Health
SHG	III	66. Tells time to quarter hour	Academic
SHE	I	67. Uses table knife for cutting	Eating/Drinking
S	III	68. Disavows literal Santa Claus	Cognition
S	V	69. Participates in pre-adolescent play	Interpersonal/Family Relations
SHD	I	70. Combs or brushes hair	Grooming
O	IV	71. Uses tools or utensils	Fine Motor

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TABLE II - Continued

Vineland	FARS Area of MLA	Vineland Item	FARS Component Skill Area
O	III	72. Does routine household tasks	Household Management
C	II	73. Reads on own initiative	Receptive
SHD	I	74. Bathes self unaided	Hygiene
SHE	I	75. Cares for self at table	Eating/Drinking
SD	VI	76. Makes minor purchases	Money Management
L	VI	77. Goes about home town freely	Using Community Resources
C	II	78. Writes occasional short letters	Expressive
C	VI	79. Makes telephone calls	Using Community Resources
O	VII	80. Does small remunerative work	Pre-Vocational Skills
C	VI	81. Answers ads; purchases by mail	Using Community Resources
O	IV	82. Does simple creative work	Fine Motor
SD	V	83. Is left to care for self or others	Initiative
C	II	84. Enjoys books, newspapers, magazines	Receptive
S	V	85. Plays difficult games	Interpersonal/Family Relations
SHD	I	86. Exercises complete care of dress	Grooming
SD	VI	87. Buys own clothing accessories	Money Management
S	V	88. Engages in adolescent group activities	Interpersonal/Family Relations
O	V	89. Performs responsible routine chores	Initiative
C	II	90. Communicates by letter	Expressive
C	III	91. Follows current events	Cognition
L	VI	92. Goes to nearby places alone	Using Community Resources
SD	V	93. Goes out unsupervised daytime	Initiative
SD	VI	94. Has own spending money	Money Management
SD	VI	95. Buys all own clothing	Money Management
L	VI	96. Goes to distant points alone	Using Community Resources
SD	I	97. Looks after own health	Personal Health

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TABLE II - Continued

Vineland	FARS Area of MLA	Vineland Item	FARS Component Skill Area
O	VII	98. Has a job or continues schooling	Work Behaviors
SD	V	99. Goes out nights unrestricted	Initiative
SD	VI	100. Controls own major expenditures	Using Community Resources
SD	V	101. Assumes personal responsibility	Initiative
SD	VI	102. Uses money providently	Money Management
S	V	103. Assumes responsibility beyond own needs	Initiative
S	V	104. Contributes to social welfare	Initiative
SD	VI	105. Provides for future	Money Management
O	VII	106. Performs skilled work	Work Behaviors
O	VI	107. Engages in beneficial recreation	Leisure Time
O	VII	108. Systematizes own work	Work Behaviors
S	V	109. Inspires confidence	Interpersonal/Family Relations
S	V	110. Promotes civic progress	Initiative
O	VII	111. Supervises occupational pursuits	Work Behaviors
SD	VI	112. Purchases for others	Money Management or Home-Life Support
O	V	113. Directs or manages affairs of others	Initiative
O	VII	114. Performs expert or professional work	Work Behaviors
S	V	115. Shares community responsibility	Initiative
O	V	116. Creates own opportunities	Initiative
S	V	117. Advances general welfare	Initiative

Twenty-five subjects, ranging in age from 17 to 76 were rated for this study. The mean age was 47.6 years. There were thirteen females and twelve males in the group. The population represented several different living arrangements, from those who live in highly supervised group home settings to others who live independently.

Pearson Product Coefficients were then computed for corresponding areas on the FARS and AAMD and the FARS and Vineland. Highest correlations noted on the FARS and AAMD were in the areas of Language/Communication on the FARS to Language Development, Items A through C on the AAMD, .84 and Self Direction (FARS) to Self Direction, Responsibility and Socialization (AAMD), .86.

Highest correlations between the FARS and Vineland were: Self Care (FARS) to Combined Self Help, Eating and Self Help, Dressing (Vineland), .88; Language/Communication (FARS) to Communication (Vineland), .84; and Capacity for Independent Living (FARS) to Self Direction (Vineland), .81.

Table III presents the correlations computed for the seven areas of Major Life Activity on the FARS to the areas on the AAMD. Table IV presents the correlation for the FARS to the Vineland.

B. Interrater Reliability Studies

Four direct service staff at a day program for Hearing Impaired MR/MI clients were requested to rate all clients in the program where they work using the FARS. Twelve individuals, five males and seven females, ranging in age from 20 to 61, were rated. The mean age was 38.10 years. These individuals also represented a variety of living arrangement - from residence in a group home to living independently with a young son.

Of the staff who rated these individuals, one had a Masters Degree in Audiology/Speech Pathology, one a Bachelors Degree in Sign Language and two graduated from high school and have earned some college credits.

The results of these ratings were computed using the Statistical Package for the Social Sciences (SPSS), RELIABILITY Subprogram and are presented in Table V. As can be seen in this table, the concurrence of raters on each of the subscales is quite consistent with reliability coefficients falling in the .8 - .9 range.

C. Test/Retest Reliability Studies

Two staff persons who had previously rated subjects as part of the construct validity studies also participated in the test/retest studies which were designed to obtain ratings on subjects over a period of three months. Both raters were Masters level Psychologists.

Twelve males and eighteen females with a mean age of 24.1 were rated for this study. Their living arrangements represented the same

TABLE III

FARS/AAMD CORRELATIONS

FARS	AAMD	r
I. Self Care	I. Independent Functioning, Items A through F	.76
II. Language/Communication	IV. Language Development, Items A through C	.84
III. Learning	V. Numbers and Time	.78
IV. Mobility	II. Physical Development, Item B	.38
V. Self Direction	VIII. Self Direction IX. Responsibility X. Socialization	.86
VI. Capacity for Independent Living	I. Independent Functioning, Items G and H III. Economic Activity VI. Domestic Activity	.79
VII. Economic Self Sufficiency	VII. Vocational Activity	.58

TABLE IV

FARS/VINELAND CORRELATIONS

FARS	VINELAND	r
I. Self Care	Self Help, Eating (SHE) Self Help, Dressing (SHD) Combined SHE and SHD	.79 .87 .88
II. Language/Communication	Communication (C)	.84
III. Learning	-	-
IV. Mobility	Self Help, General (SHG)	.32
V. Self Direction	Socialization (S)	.61
VI. Capacity for Independent Living	Self Direction (SD)	.81
VII. Economic Self Sufficiency	-	-

TABLE V

PRELIMINARY INTERRATER RELIABILITY STUDIES

Scale	Range of Interrater Correlations	Reliability Coefficient	
		Alpha	Standardized Item Alpha
I. Self Care	.84 - .93	.97	.97
II. Language/Communication	.53 - .90	.90	.91
III. Learning	.80 - .87	.95	.95
IV. Mobility	.85 - .99	.97	.98
V. Self Direction	.69 - .84	.93	.94
VI. Capacity for Independent Living	.47 - .88	.89	.90
VII. Economic Self Sufficiency	.19 - .86	.86	.86

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continuum as the clients used in the construct validity and test/ retest studies, from supervised group homes to living independently.

The two raters were requested to each rate fifteen subjects, to rate those same clients again in three weeks and for a third time three months after the initial rating. The results of these ratings were computed using the SPSS/RELIABILITY Subprogram and are detailed in Table VI. Generally, the magnitude of the correlations between testings decreased over time, with the strongest relationships between the ratings that were closest to each other. Overall item alpha's ranged from .85 to .97.

TABLE VI

TEST-RETEST RELIABILITY STUDIES

F.A.R.S. Subscale	Testing 1&2 r^2	Testing 2&3 r^2	Testing 1&3 r^2	Overall Alpha
Self-Care	.9840	.9412	.8660	.9737
Language/Communication	.9737	.9805	.9099	.8551
Learning	.9819	.7857	.6547	.9257
Mobility	.9177	.86603	.7932	.9068
Self-Direction	.9159	.7545	.5960	.76369
Capacity/Independent Living	.9431	.9266	.90419	.9530
Economic Self-Sufficiency	.9522	.74061	.7813	.8646

INSTRUCTIONS FOR COMPLETING THE

FUNCTIONAL ABILITY RATING SCALE

Name - Enter client's name

Rater - Enter name of individual completing the assessment

Type of Rating - Indicate by checking whether this is the initial F.A.R.S. assessment or a revision

MLSS Case # - Self-explanatory

Date - Self-Explanatory

Source of Information - Indicate sources by checking appropriate areas

Areas of Substantial Limitation - Place a check (✓) in the box which most appropriately describes the ability of the client. Use the following examples/ definitions to assist you in rating your clients.

I. SELF-CARE - Daily activities that enable person to meet age - appropriate basic life needs such as: food, hygiene, appearance, health, and immediate personal safety.

COMPONENT SKILLS

A. Eating/Drinking

#1 - Able to sit down at a table and eat a meal in such a way as to not draw attention to self, e.g., could eat in a restaurant unnoticed by other patrons.

#2 - Client is able to feed self, however, may take an unusually long time to complete a meal or may display occasional inappropriate table manners.

#3 - Requires occasional human assistance to feed self, e.g., food needs to be cut, liquid poured into container, food needs to be ladled on to plate.

#4 - Requires constant supervision while eating/drinking, e.g., unable to be left unattended, self-feeding is sloppy (dribbles food out of mouth, throws food), chokes/gags on food.

#5 - Client has to be fed by others.

B. Hygiene - Toileting, washing and bathing, toothbrushing, etc.

#1 - Performs above independently, displays no objectionable body odor or bad breath.

#2 - Client intermittently exhibits poor hygiene habits.

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#3 - Requires occasional assistance/supervision in bathing (e.g., cannot be left unattended in bathtub, cannot bathe entire body), toileting (e.g., needs assistance to sit on toilet), toothbrushing (e.g., will not brush thoroughly unsupervised), OR periodic physical limitations necessitate occasional assistance in the above (e.g., arthritis flares up and client becomes physically incapacitated).

#4 - Requires verbal and manual cues to perform above tasks.

#5 - Unable to bathe, toilet, or brush teeth. These functions are performed by others.

C. Grooming - Dressing, undressing, hair and nail care; overall appearance, care and selection of clothing.

#1 - Client has clean, neat hair; hands and fingernails are clean; wears clean, well-fitting clothes that coordinate; appearance does not attract attention (stares) from others.

#2 - Clothes may be uncoordinated or ill fitting, does not always attend to all grooming areas (e.g., hair may be clean but he is unshaven).

#3 - Client can comb hair but may need assistance in styling, needs some verbal cues to wash hands, clean fingernails, coordinate clothing.

#4 - Requires verbal cues and manual assistance to attain good grooming. If not, appearance disheveled, dirty.

#5 - Unable to perform grooming skills. These must be performed by others.

D. Personal Health - Taking proper medications at proper time, regulating dietary intake, etc.

#1 - Client has access to his/her own medication and is responsible for taking it, can make a doctor's appointment and be expected to keep it; can follow a doctor's/nurse's recommendations; understands own nutritional needs (e.g., will avoid tomatoes if is allergic to them), is able to take own temperature and read the thermometer. Chooses clothes which are suitable for weather conditions and activity, etc.; plans, shops for, and prepares nutritious meals; takes preventative measures to minimize household emergencies (e.g., installs smoke alarms, keeps medication, poisons out of reach of children, keeps stairways clear of objects, etc.).

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#2 - Requires occasional verbal cues to meet health care needs (e.g., "It's time to take your medication. Wear your winter coat, it's cold outside." However, is able to perform these functions subsequent to cues.

#3 - Needs verbal and physical cues to take medication, make appointments, etc. OR may occasionally need assistance if physically incapacitated (e.g., arthritis flares up, psychotic episode). Could not live in an unsupervised environment (needs family or some individual to monitor health and safety needs).

#4 - Needs regular supervision to meet health care needs (e.g., has to be bathed, medication must be locked up and administered by others).

#5 - All health care needs must be administered to client by others. Client requires custodial/maintenance types of care (e.g. is immobile, incoherent, etc.).

E. Immediate Personal Safety - Use of implements (knives, pins, appliances, etc.), orientation to environment; specifically, conduct around open flame, water, vehicles, traffic, inedible and caustic susbtances, etc.)

#1 - Displays good knowledge of appropriate behaviors regarding the above.

#2 - Needs occasional verbal cues to behave appropriately regarding above (e.g., "Don't forget to look both ways before you cross the street", "Remember, keep the knife pointing down when you carry it.")

#3 - Needs regular verbal cues and supervision when around objects noted in #1.

#4 - Needs regular verbal and manual cues to avoid danger or injury from above. (Client may be largely unresponsive to verbal cues in these situations, but does respond to manual interventions). Cannot be left unsupervised or personal safety and/or that of others is jeopardized.

#5 - Exhibits no understanding of personal safety or safety of others. Cannot be allowed access to sharp or blunt instruments, matches, etc. (e.g., pyromaniac).

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II. LANGUAGE/COMMUNICATION - Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas and information to others. This usually includes reading, writing, listening and speaking.

Receptive: (Auditory and Visual) Understanding by listening, reading, comprehending other forms of communication.

A. Listening/Comprehension

#1 - Able to receive, associate, and apply information at a normal rate of communication/asks relevant questions or asks for restatement when not comprehending.

#2 - Able to receive, associate, and apply information at a reduced rate of communication. May need several restatements of examples in order to comprehend.

#3 - Able to follow 2 to 3 step directions or receive, associate and apply information at a limited level. Client must be presented information within a limited language level/degree of information. Must also be limited for retention/client able to respond to limited recall questions correctly.

#4 - Able to follow simple one step directions and receive minimal information by:

a. signing/with or without hearing

b. using a language board/with or without hearing

(1) reading
(2) Bliss Symbols

#5 - Does not respond to any form of communication.

B. Reading/Comprehension

#1 - Able to read at Grade 4 (the National average reading level) or above and correctly answer comprehension questions regarding material he/she has read.

#2 - Able to read, comprehend and apply directions (ex. how to operate machines), to read and comprehend a simple story written at Grade 2 level.

#3 - Able to read and comprehend survival information regarding those things which affect his/her life directly, e.g., McDonald's menu, clothing sizes and clothing care labels, food labels and hygiene labels used by the client, and warning signs, e.g., Do Not Drink From Fountain, Dangerous, etc.

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#4 - Able to read simple, low language level sentences with comprehension (includes use of language board and either written vocabulary or Bliss Symbols), e.g., She/went/to the store.
The dog ran fast.

#5 - Does not respond to written/printed communication in any form.

C. Expressive - Oral and written language

#1 - Able to use expressive oral or written language at a normal level to communicate.

#2 - Able to communicate needs, feelings and expressive ideas within a limited language syntax, either oral or written, which are grammatically correct. However, seldom uses compound, complex sentences. There is a tendency to over simplify and to use many sentences to present information which could effectively be presented in two or three sentences.

#3 - Communicates, either orally or written, in short, simple sentences at approximately a three year old expressive language level, i.e., Yesterday, I went to school. I saw a car accident. It was at school.

#4 - Able to communicate with broken language syntax either oral or written, to express needs and minimal information.

Example: box are the in cupboard
want milk

Able to communicate with the use of a communication devise, language board at this same level. Some needs may be communicated via body behavior and gestures.

#5 - Unable to communicate needs to others.

III. LEARNING - General cognitive, competence and ability to acquire new behavior, perceptions, and information, and to apply experiences in new situations.

A. Cognition - Ability to understand information, etc.

#1 - Client is able to solve problems by a systematic approach to organized information in a meaningful fashion and consider several variables at one time. Has the ability to deal with abstractions and to generalize by applying principles to different situations. Can accomplish the operations of intake (charting, summarizing, identifying), manipulation (modifying, classifying), and application (achieving the performance) at a normal level.

#2 - Client is more apt to solve problems by a trial and error approach. He/she has some transference of principles to other situations. The operations of intake (reading, note-taking, listing), manipulation (interpreting, coding) and application (constructing, performing) performance at below normal level.

#3 - Client responds to problems in a concrete fashion only, able to solve by using objects that are actually present and/or that they have experienced directly. Client unable to manipulate abstract ideas. Able to perform the operations of intake (listening, looking), manipulation (comparing, verifying), and application (deciding, solving) at limited level.

#4 - Client is unable to think of more than one quality at a time. Client exhibits egocentric thought and assumes that all others think the same way. Client is inattentive yet able to retain limited information relevant to the task. Can perform operations of the manipulation (simple matching, grouping of objects) at a preacademic level. Can perform simple operations having limited directions if he/she receives supportive help (verbal, manual cues).

#5 - Client is unable to utilize symbols or sequence ideas to come to a solution to a problem or situation. Responds primarily to direction rather than initiating action. Cognition, retention and reasoning are impaired so that the person is unable, or is extremely limited in ability - even with specialized intervention - to acquire new knowledge or transfer knowledge and skills to another situation, even over a long period of time.

B. Retention - Memory, knowledge, etc.

#1 - Exhibits both long and short term memory (e.g., can remember what they had for breakfast and events from their childhood).

#2 - Displays good long term memory but has lapses of short term memory (e.g., can readily recall events from childhood but has difficulty remembering what T.V. shows they watched last evening).

#3 - Exhibits deficits of both short and long term memory, however, with verbal cues is able to relate both recent and distant events.

#4 - Needs written cues and/or verbal structuring to complete day-to-day activities.

#5 - Cannot remember, appears disoriented to person, place and time.

C. Pre-Academic Skills - Shape and color recognition, laterality (awareness of left and right), spatial relations (orientation to other objectives, i.e., perceiving size, shape, distance, etc.) etc.

#1 - Client can identify basic and complex geomatric shapes (i.e., circle, square, triangle, as well as hexagon, pentagon, etc.); can tell right from left; can arrange four objects according to size smallest to largest; knows general and complex directions - (forward, backwards, up, down, in, out, etc.); can identify primary and secondary colors, as well as shades; can utilize a writing instrument in a meaningful fashion.

#2 - Client requires some prompting, but for the most part is able to identify the component skills from #1 above. May occasionally make errors, but recognizes them on correction.

#3 - Client recognizes and identifies only basic shapes (e.g., circle, square, triangle), may know right from left and some general directions (e.g., up, down, in, out, etc.). Can identify primary colors (red, yellow, blue), may be able to identify some others.

#4 - Client recognizes and identifies only one or two shapes, cannot distinguish left from right but may know some other directions. May be able to identify some primary colors.

#5 - Client does not recognize shapes or directions, is unable to identify colors, cannot manipulate a writing instrument in a meaningful fashion (i.e., scribbles).

D. Academic Skills - Reading, writing, quantitative activities, etc.

#1 - Client able to read at 4th grade reading level or above, i.e., read a newspaper, can write legibly; is able to add, subtract, multiply and divide three digit numbers.

#2 - Able to perform above but needs occasional assistance to complete (i.e., help with some words, or to add a column of several figures).

#3 - Can read two or three syllable words, able to add and subtract two digit numbers with coaching, cannot divide or multiply, prints in large, uneven block letters.

#4 - Is able to read one syllable words, with prompting, can print name only, needs prompting to add/subtract one digit numbers, cannot multiply or divide.

#5 - Client has no preacademic skills, cannot read, write or complete any math tasks.

IV. MOBILITY - Ability of the individual to negotiate distance using his/her own power or a personally-controlled device. This ability implies motor development and the ability to use fine and gross motor skills.

A. Movement - Capability to move self from one place to another, crawling, walking, use of stairs, use of assistive devices, etc.

#1 - Client able to move freely in his/her environment unassisted.

#2 - Mobile, but moves very slowly; others must change their schedules to accommodate the client (e.g., normally a two minute trip from parking lot to store would take at least twice as long for client). Might require adaptive equipment to facilitate independent mobility (e.g., canes, walker, braces, ramps, expanded doorways).

#3 - Needs assistance in negotiating stairs and steep inclines (if walking), can operate mechanical devices (e.g., wheelchair) but needs occasional assistance (e.g., inclines, in heavily congested areas).

#4 - If walking, unsteady on feet, falls often, cannot operate wheelchair. If crawling, bumps into objects, etc., cannot be left unattended. Might injure self because of unsteadiness.

#5 - Client unable to propel self from one point to another.

B. Gross Motor Control - Balance, posture, reaching, sitting, standing, rolling, wheelchair transfer, etc.

#1 - Client steady on feet, exhibits good posture, can reach for an object two feet away without losing balance, is able to move from a sitting to standing position and back without using arms (e.g., hanging on to arm of chair), can balance on one foot for ten seconds, can roll from front to back/back to front. Client demonstrates independent full range of motion of arms, legs and torso.

#2 - Client exhibits adequate gross motor control (see #1), however, others must change their schedules to accommodate the additional time needed for client to do so, can move self from bed to wheelchair and back unassisted and can effectively utilize the chair for mobility.

#3 - Client needs occasional assistance/supervision regarding above (see #1) due to such variables as changes in medication, flareups of arthritis or other physical problems, episodic psychotic episodes etc. Client can balance on one foot for no more than three seconds, must use arms to raise or lower self into a chair. Must use arms to roll over. When walking, appears awkward, unsteady; sways when standing still. May have a physical disability, e.g., amputation, paralysis, neurological disorder which interferes with mobility and range of motion.

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#4 - Cannot walk a straight line, bumps into furniture, walls, etc. when walking. Needs assistance getting in and out of a chair, rolling over, unable to operate wheelchair or other adaptive equipment, if required.

#5 - Client has no functional use of arms or legs, cannot sit up without being strapped to a support.

C. Fine Motor Control - Visual motor, eye-hand coordination, manual dexterity, precision movements, grasping, etc.

#1 - Able to perform fine work e.g., crocheting, typing, assembly of small parts, able to fasten clothing, using buttons and zippers. Can pick out one nail from a container holding several, able to assemble nuts and bolts. Can catch a small ball (3" in diameter) and throw a ball to a spot.

#2 - Is able to manipulate small objects and complete fine work, however, may take longer than normal to complete. May appear tremarous or hesitant in performing fine work. Can catch a larger ball (6" in diameter) and throw a ball within two feet of a spot.

#3 - Can grasp and manipulate large objects, e.g., place square peg in square hole. Can grasp but unable to manipulate small objects. Cannot catch a ball, throws wildly.

#4 - Requires physical prompts and cues to grasp and manipulate large object. Cannot touch hand to own nose.

#5 - Unable to grasp, cannot bring hands together, e.g., clap.

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V. SELF DIRECTION - Management and control of one's social and personal life. Ability to make independent decisions affecting and protecting one's own interests.

A. Emotional Development - Ability to cope with emotions; e.g., fear, anxiety, frustration, love, hate, anger, etc.

#1 - Able to identify and express feelings appropriately; "owns" his/her feelings (uses "I feel" statements). Recognizes when it is inappropriate to act out feelings.

#2 - Not always able to identify and express feelings appropriately, may deny feelings, may blame others for the way he/she is feeling rather than take responsibility for feeling (e.g., "She made me angry"). Displays occasional inappropriate affect (e.g., saying "I'm not angry" while pounding fists on table). May display occasional inappropriate emotion (e.g., elation at the loss of a supposed loved one, etc.)

#3 - Exhibits inappropriate affective symptomology. (Note: these symptoms could be controlled by medication). Easily angered, depressed, etc. May be depressed, easily frustrated. Has difficulty dealing with change, becomes anxious, frustrated.

#4 - Needs supervision on a regular basis, (e.g., contract foster care homes, AFC home, semi-independent living situation) because has displayed inability to cope with emotions and express them appropriately. Medication only marginally effective in controlling affective symptomology. Some suicidal/homicidal ideation may be present.

#5 - Needs to live in a structured environment with high staff to client ratio to prevent harming self or others. Emotions often out of control, may be or have been suicidal/homicidal. Requires highly structured and supervised environment to function in community (e.g., nursing home, specialized group home). May frequently require "shadow" (i.e., one-to-one staff).

B. Interpersonal/Family Relations - Socialization, interaction, social maturity, social awareness, response to others, cooperation, participation, development of personal relations, etc.

#1 - Has good support system, e.g., extended family, friends, etc. Initiates social interactions with others. Has several friends, family members and acquaintances that he/she socially interacts (visits, phone conversations, etc.) with on a regular basis. Behaves in a socially acceptable manner when in public, cooperates with others in order to achieve common goals.

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#2 - Social contact with others limited. Others initiate interactions at least half the time. May be estranged from one or more family members. Socially immature in some situations and may act in such a way as to draw unnecessary attention to self.

#3 - Rarely initiates interactions with others and has minimal social contacts. May be estranged from family OR toally dependent on family members for all social interactions. If living with others, often withdraws from the group and rarely willingly participates in the group activities. Behaves in a child-like way in social situations.

#4 - Spends most of his/her time alone ("a loner"). Will participate in activities only when requested to do so and displays socially immature behavior in social situations.

#5 - Totally withdrawn, no interactions with family or friends. Never initiates interactions with others.

C. Initiative - Self-management, responsibility, decision-making, motivation, achievement, etc.

#1 - Client seems to weigh all alternatives in decision-making process in a calm, rational manner. Is able to consistently choose the most viable alternatives. Seems to have goals and is making efforts to work towards them.

#2 - Client appears to weigh alternatives in the decision-making process but may have difficulty in coming to resolve. Client has set goals but needs direction or encouragement to pursue them.

#3 - Client appears not to weigh all alternatives but is open to and responsive to suggestions in decision-making. Client needs assistance in setting goals and pursuing them.

#4 - Client needs alternatives spelled out for them and prompting to make decisions. Goals must be largely set for the client and directions and structure set for their pursuit.

#5 - Client appears unable to make choices and does not take action without prompting or structure. Client is unresponsive to goals.

D. Orientation - Awareness, attention span, distractability, etc.

#1 - Client knows day and date, can identify where he/she is, can name those with whom he/she is with, can concentrate on complex tasks with background conversation, people entering/leaving room. Can attend to task, conversation for indefinite period.

#2 - Client oriented to person, place and time, however, needs time (45 seconds) to provide correct answers to determine orientation, can complete only simple tasks (e.g., sorting large objects) with any background conversation, activity. Attention span 5-10 minutes. Needs occasional reminders to complete tasks.

#3 - Knows own name and day of week, but not date. Needs coaching to identify place. Easily distracted, cannot complete a simple task with any background conversation/activity. Attention span of 3-5 minutes. Won't stay on task without encouragement/constant supervision.

#4 - Knows name, cannot identify date/place. Cannot concentrate on task for more than one minute, easily distracted, might be described as "hyper".

#5 - Not oriented to person, place or time.

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VI. CAPACITY FOR INDEPENDENT LIVING - Ability to maintain a full and varied life in the community with little or no regular outside intervention in the living situation.

A. Household Management - Cleaning, maintenance, making beds, cooking, laundry, care of clothing, etc.

#1 - Client demonstrates ability and skills to care for home and possessions with no outside intervention.

#2 - Because of extended period of time required to complete tasks or physical limitations, client may need some occasional assistance with certain tasks (e.g., someone to do laundry or yardwork).

#3 - Client has skills to live independently or semi-independently but needs occasional but regular assistance to do so (e.g., someone to plan meals and assist with grocery shopping). May need verbal cues to complete necessary housekeeping tasks.

#4 - Client has some household management skills but needs verbal and physical cues to complete adequate housekeeping tasks. Unable to live independently.

#5 - Has no household management skills, unable to complete the simplest of housekeeping tasks.

B. Home-Life Support - Maintaining relationships, being a spouse, being a parent, being a roommate, etc.

#1 - Has demonstrated ability to form mutually satisfying, consistent relationships with significant others; there has generally been minimal conflict with the individual with whom the client has lived. Individuals with whom the client lives are supportive and he/she is supportive of them. The client has demonstrated the ability to contribute in a satisfactory manner to the emotional atmosphere in the home.

#2 - Has some interpersonal difficulties with individuals with whom he/she lives.

#3 - Has history of marital conflict and/or several, brief, conflict-ridden relationships with individuals with whom he/she lives (e.g., several marriages of short duration, frequent changes of roommates), demonstrates poor parenting skills, e.g., appears overwhelmed by the responsibilities of parenthood.

#4 - Exhibits inability to form any mutually, satisfying interpersonal relationships; uses relationship to manipulate or is manipulated by others.

#5 - Unable to live in harmony with others. All interpersonal relationships are characterized by conflict.

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C. Money Management - Budgeting, purchasing, keeping track of income and expenditures, using money, etc.

#1 - Has demonstrated ability to budget income and to live within his/her income.

#2 - Can handle financial affairs, however, does need assistance with budgeting and can then live within his/her budget.

#3 - Needs assistance in budgeting, paying bills. Can manage a small allowance to buy personal items.

#4 - Cannot budget money, make change. Can make a purchase, with assistance. Buys indiscriminantly if has money and unsupervised.

#5 - Has no concept of money, its purchasing power, cannot identify coins or currency.

D. Health and Safety - Selecting appropriate clothing, balanced nutrition, appropriate responses to emergencies, etc. Insert score obtained in Component Skill Area D (Personal Health) under Self Care - Section I. D.

E. Leisure Time Activities - Recreation, cultural activities, religious activities, clubs, hobbies, etc.

#1 - Demonstrates interest in a number of leisure-time activities, spends leisure time pursuing areas of interests.

#2 - Demonstrates interests in leisure-time activities, however, often does not initiate activity and must then be verbally encouraged to do so.

#3 - Limited interest in leisure time activities, spends a great deal of time sitting and staring into space, however, will participate if verbally and physically prompted to do so.

#4 - Resistive to suggestions to engage in leisure-time activities and often refuses to participate even when encouraged to do so.

#5 - Demonstrates no interest in leisure-time activities and cannot be encouraged to participate. Spends leisure-time unproductively (sitting staring into space, or engaging in destructive behaviors).

F. Using Community Resources - Using transportation, telephone, post office, stores, banks, and other community resources such as police and fire departments, medical facilities, etc.

#1 - Client displays good knowledge of community resources and uses them appropriately.

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#2 - Client needs occasional assistance to make use of some community resources (e.g., when traveling to a destination for the first time by bus, may need to be accompanied by another individual).

#3 - Client able to use some community resources (e.g., telephone) however, needs assistance and or supervision with others (e.g., using public transportation).

#4 - Has little knowledge of community resources, needs direct supervision when using them.

#5 - Unable to make use of any community resources (e.g., may be bedridden, or behavior is such that he/she cannot be taken into the community).

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VII. ENONOMIC SELF-SUFFICIENCY - An individual's ability to earn financial resources to meet both basic life support and recreational needs.

A. Pre-Vocational/Vocational Skills - Ability to perform tasks required for a job, ability to learn new skills as needed, etc.

#1 - Client is able to take and carry out orders in an appropriate fashion. Exercises good judgement and/or asks for clarification as necessary. Has the ability to readily adapt the performance of tasks to meet situations.

#2 - Client is able to take and carry out orders but needs some prompting or reminding to stay on task. Adapts performance to new situations only with time. At times may "go ahead" when they should ask for clarification.

#3 - Client has some difficulty in taking orders or criticism plus cueing to stay on task. May have difficulties with co-workers and needs structure to deal with these situations. Client may be motivated and possess abilities in these areas, however, his/her physical and/or mental limitations interfere with the client's ability to perform some jobs (e.g., in wheelchair).

#4 - Client is able, with structure, prompting, and monitoring, to carry out pre-vocational tasks but ceases to work, becomes distracted when left alone.

#5 - Client cannot, even with structure, perform and respond to prevocational demands.

B. Job Finding - Ability to locate appropriate work, interviewing skills, presentation of self, etc.

#1 - Demonstrates ability to independently seek employment (look for jobs via want ads, networking, dress appropriately for an interview, fill out a job application, etc.).

#2 - Requires verbal cues and encouragement to appropriately seek employment. Exhibits lack of confidence in ability to find a job or otherwise presents self ineffectively to potential employers (e.g., may not dress appropriately for interview, fills out application incompletely or carelessly).

#3 - Requires verbal and physical prompts to seek employment (e.g., may require assistance in filling out an application, to be transported for interview, etc.)

#4 - Client is willing to accept and attempt a job if one is presented to them, but is largely unable to perform job seeking skills on their own. Requires extensive assistance in job seeking, application and interview (e.g., job placement specialist makes contacts for client).

#5 - Demonstrates no job seeking skills and does not appear to be able to take on a job if one were presented to them.

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C. Work Behaviors - Promptness, work habits, adjustment, etc.

#1 - Displays behaviors which are appropriate for employment, e.g., able to arrive at work on time, daily as scheduled and perform work duties without problems.

#2 - With occasional prompting, displays most behaviors that are appropriate for employment, e.g., able to arrive at work on time daily, however, requires regular supervision to ensure completion of tasks, not a "self starter".

#3 - Requires much instruction/prompting in basic work behaviors, requires one to one training/assistance to perform job. May require supportive counseling to adjust to a new setting/ environment.

#4 - Most behaviors are somewhat inappropriate for employment. Needs highly structured/supervised environment (i.e., sheltered or work activity).

#5 - Does not display work behaviors appropriate for employment.

AE:jog
2-15-85

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FUNCTIONAL ABILITY RATING SCALE

Name _____ Rater _____ Type of Rating: Initial _____ Revision _____

MLSS Case # _____ Date _____ Source of Information:

Client Interview/Observation _____

Client Records _____

Other/Please Specify

RATING LEVELS

Indicate in each component skill area if the person:

1. is able to perform the component skill independently,
2. is minimally able to perform the component skill,
3. requires human assistance and/or supervision on an occasional basis to perform the component skill,
4. requires regular assistance and/or supervision to perform the component skill,
5. is unable to perform the component skill, or
0. unable to determine.

I. **SELF-CARE** - Daily activities that enable a person to meet age-appropriate basic life needs such as: food, hygiene, appearance, health, and immediate personal safety.

COMPONENT SKILLS:

RATING LEVEL

	1	2	3	4	5	0
A						
B						
C						
D						
E						

A. Eating/Drinking: Chewing and swallowing, finger feeding, mealtime manners, use of utensils, etc.

B. Hygiene: Toileting, washing and bathing, toothbrushing, etc.

C. Grooming: Dressing, undressing, hair and nail care, overall appearance, care and selection of clothing, etc.

D. Personal Health: Taking proper medication at proper time, regulating dietary intake, etc.

E. Immediate Personal Safety: Use of implements (knives, pins, appliances, etc.), orientation in environment; specifically, conduct around open flame, water, vehicles, traffic, inedible and caustic substances, etc.

Substantially Limited - Client scores a 3, 4, or 5 in two or more areas Yes _____ No _____

II. **LANGUAGE COMMUNICATION** - Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas and information to others. This usually includes reading, writing, listening, and speaking

COMPONENT SKILLS:

	1	2	3	4	5	0
A						
B						
C						

Receptive: (Auditory and Visual) Understanding by listening, reading, comprehending other forms of communication.

A. Listening Comprehending

B. Reading Comprehending

Expressive: (Auditory and Visual)

C. Oral language and written language

Substantially Limited - Client scores a 3, 4, or 5 in any component skill in either receptive and/or expressive areas Yes _____ No _____

III. **LEARNING** - General cognitive, competence and ability to acquire new behavior, perceptions, and information, and to apply experiences in new situations.

COMPONENT SKILLS:

	1	2	3	4	5	0
A						
B						
C						
D						

A. Cognition: Ability to understand information, etc.

B. Retention: Memory, knowledge, etc.

C. Pre-Academic Skills: Shape and color recognition, laterality (awareness of left and right), spatial relations (orientation to other objects: i.e., perceiving size, shape, distance, etc.), etc.

D. Academic Skills: Reading, writing, quantitative activities, etc.

Substantially Limited - Client scores a 3, 4, or 5 in any component area Yes _____ No _____

IV. **MOBILITY** - Ability of the individual to negotiate distance using his/her own power or personally controlled device. This ability implies motor development and the ability to use fine and gross motor skills.

COMPONENT SKILLS:

	1	2	3	4	5	0
A						
B						
C						

A. Movement: Capability to move self from one place to another, crawling, walking, use of stairs, use of assistive devices, etc.

B. Gross Motor Control: Balance, posture, reaching, sitting, standing, rolling, wheelchair transfer, etc.

C. Fine Motor Control: Visual motor, eye-hand coordination, manual dexterity, precision movement, grasping, etc.

Substantially Limited - Client scores a 3, 4, or 5 in at least one area Yes _____ No _____

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RATING LEVELS

Indicate in each component skill area if the person:

1. is able to perform the component skill independently,
2. is minimally able to perform the component skill,
3. requires human assistance and/or supervision on an occasional basis to perform the component skill,
4. requires regular assistance and/or supervision to perform the component skill,
5. is unable to perform the component skill, or
0. unable to determine.

V. SELF-DIRECTION - Management and control of one's social and personal life. Ability to make independent decisions affecting and protecting one's own interests.

COMPONENT SKILLS:

RATING LEVEL

	1	2	3	4	5	0
A. Emotional Development: Ability to cope with emotions; e.g., fear, anxiety, frustration, love, hate, anger, etc.						
B. Interpersonal Family Relations: Socialization, interaction, social maturity, social awareness, response to others, cooperation, participation, development of personal relationships, etc.						
C. Initiative: Self-management, responsibility, decision-making, motivation, achievement, etc.						
D. Orientation: Awareness, attention span, distractability, etc.						

Substantially Limited - Client scores a 3, 4, or 5 in any component skill area Yes _____ No _____

VI. CAPACITY FOR INDEPENDENT LIVING - Ability to maintain a full and varied life in the community with little or no regular outside intervention in the living situation.

COMPONENT SKILLS:

	1	2	3	4	5	0
A. Household Management: Cleaning, maintenance, making beds, cooking, laundry, care of clothing, etc.						
B. Home-Life Support: Maintaining relationships, being a spouse, being a parent, being a roommate, etc.						
C. Money Management: Budgeting, purchasing, keeping track of income and expenditures, using money, etc.						
D. Health and Safety: Selecting appropriate clothing, balanced nutrition, appropriate responses to emergencies, etc. Please insert score obtained in Component Skill Area D (Personal Health) under Self-Care, Section I-D.						
E. Leisure Time Activities: Recreation, cultural activities, religious activities, social activities, clubs, hobbies, etc.						
F. Using Community Resources: Using transportation, telephone, post office, stores, banks, and other community resources such as police and fire departments, medical facilities, etc.						

Substantially Limited - Client scores a 3, 4, or 5 in two or more areas Yes _____ No _____

VII. ECONOMIC SELF-SUFFICIENCY - An individual's ability to earn financial resources to meet both basic life support and recreational needs.

COMPONENT SKILLS:

	1	2	3	4	5	0
A. Pre-Vocational/Vocational Skills: Ability to perform tasks required for a job, ability to learn new skills as needed, etc.						
B. Job Finding: Ability to locate appropriate work, interviewing skills, presentation of self, etc.						
C. Work Behaviors: Promptness, work habits, adjustment to work environment, etc.						

Substantially Limited - Client scores a 3, 4, or 5 in at least one of the component skill areas Yes _____ No _____

AREAS OF SUBSTANTIAL LIMITATION (check all which apply)

I. Self-Care _____
II. Language/Communication _____
III. Learning _____
IV. Mobility _____
V. Self-Direction _____
VI. Capacity for Independent Living _____
VII. Economic Self-Sufficiency _____

Comments: _____

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